

Request for Overtime/Compensatory Time

Date: _____

Employee Name: _____ Exempt _____ Non-Exempt _____

Choose one of the following:

Overtime
Hours

- (1) Request overtime pay from _____ to _____
Total estimated number of overtime hours _____
Justification _____

Regular
Comp
Time

- (2) I understand I am entitled to overtime pay; however, I am requesting regular compensatory time in lieu of overtime from _____ to _____
Total estimated number of regular compensatory hours _____
Justification _____

- (3) An exempt employee at a GS10/10 or above is approved only for regular compensatory time based on a Management Steering Team recommendation and the State Conservationist's policy statement. This determination is in accordance with FLSA regulations.
Request regular compensatory time from _____ to _____
Total estimated number of regular compensatory hours _____
Justification _____

Travel
Comp
Time

- (4) I am requesting travel compensatory time for time spent in travel status that is not otherwise compensable.
Request travel compensatory time from _____ to _____
Total estimated number of travel compensatory hours _____
Justification _____

Employee Signature: _____ Date: _____

Recommended by
Immediate Supervisor: _____ Date: _____

Approved/Disapproved (Compensatory)

Concur/Non-concur (Overtime): _____
ASTC(FO) / Appropriate Management Steering Team Member
Date: _____

OVERTIME ONLY Approved/Disapproved: _____
STC or ASTC(M&S)
Date: _____